The *post* has fallen vacant since 1-2-93 and steps are being taken to fill it up on regular basis.

Code of Medical Ethies

240, SHRI V. RAJESHWAR RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state-

(a) whether a Code of Medical Ethics exists in India;

(b) if so, what is this Code;

(c) which is the agency which en. forces this Code; and

(d) How many cases of violation of this Code have been detected dur ing the last 3 years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes. Sir.

(b) and (c) The Medical Council of India and the State Medical Co-^tacils have framed a Code of Medical Ethics to regulate the medical profession in the country, which is supposed to be observed by all per. sons whose names are borne on the Indian Medical Register. The Code of Medical Ethics is approved by the Central Government u/s 33 of the Indian Medical Council Act, 1956.

(d) As per information prwidad by the Medical Council of India, out of 300 complaints received, only in 3 cases violation has been detected and action taken so far.

Pregmaney related deaths

241. SHRI SHANTI TYAGI: Will the Minister of HEALTH AND FA MILY WELFARE be pleased to state:

(a) whether Government has seem a press report of the recently held 36th All India Congress of Obstet-rises and Gynaecology where it was stated that nearly 125,000 women die due to pregnancy related causes annually; and

(b) if so, what programme Gov. emment has launched or proposes to start to bring down the aforesaid maternal mortality?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B SH-ANKARANAND): (a) Yes, Sir.

(b) The Department of Family Welfare has undertaken several interventions to reduce maternal mortality rates in the country. These include '•—

1. Universal Immunization Programme — Two doses of tetanus toxoid are given in the ante-natal period to protect women against tetanus.

2. Maternal and Child Health — Iron and folic acid tablets are provided as a prophylaxis against anaemia. In the basic training programmes of the female health workers, screening of pregnant women with high risk factors and their referral for medical care nas been included. Over 5 lakh traditional birth attendants have bee$_n$ trained foy providing clean delivery servi-

3. A new Child Survival and Safe Motherhood Programme (CSSM) has been launched in. 1992-93 at a total cost of Rs. 1125 crores. It will be implemented throughout the country in phases over a period of 7 years. Addi-tional funds hav\e bee$_n$ provided to the states to supply disposable delivery kits to pregnant women to be used by the attendant during delivery to ensure clean delivery. Birth spacing ig being promoted as a measur$_e$ to reduce maternal mortality as the risks of maternal deaths are higher in areae with high fertility rates.

51 selected districts have been t*-ken up under the CSSM Programme in 1992-93. Medical Omeers and peripheral health staff hav$_e$ been re-tained to improve quality and cover-age of the services. Midwifery kits have been supplied to the female health workers